

TOWN OF DAVIE  
6591 S.W. 45 STREET  
DAVIE, FLORIDA 33314  
(954)797-1137

Double Fee  
Operating Without a License

## HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the building division located at Town Hall.

APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS OPEN DATE \_\_\_\_\_

BUSINESS NAME: JS INTERIORS

BUSINESS STREET ADDRESS: 13185 SW 28 COURT DAVIE ZIP 33330

BUSINESS MAILING ADDRESS: S/A ZIP \_\_\_\_\_

BUSINESS PHONE: 954 424-3692

DESCRIBE TYPE OF BUSINESS: Interior Design

BUSINESS IS: Corporation \_\_\_\_\_ Sole Proprietor ☒ Partnership \_\_\_\_\_

Owner/Officer (s) Home Address City/Zip Phone#

1. Judith Spatz S/A \_\_\_\_\_

2. \_\_\_\_\_

Federal ID Number or Social Security Number \_\_\_\_\_

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, \_\_\_\_\_, and must be renewed before October 1st.

This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

Judith A. Spatz \_\_\_\_\_  
Print Owner or Officers Name and Title Signature of Owner or Officer

OFFICE USE ONLY: Date <u>11/14/00</u> Category <u>10400</u> Fee <u>132.30</u> <sup>Double</sup>	
License # <u>01-14528</u>	Control # <u>12250</u>
Council approval Required _____ Yes _____ No _____	Zoning <u>R-1</u> <sup>(Walden CIRCLE EST.)</sup>
Town Council Date _____	Zoning Approval _____ Date _____
Tabled To _____	Approved _____ Denied _____
TOWN CLERK APPROVAL _____	

8/97 OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION

504023-06-0100